



FLEXFT.146CR

PATENT

#14

Pier C
S. Bryce
1/31/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Van L. Phillips) Group Art Unit 3738
App. No. : 09/698,489)
Filed : October 26, 2000)
For : FOOT PROSTHESIS)
HAVING CUSHIONED)
ANKLE)
Examiner : Suzette Jamie Jackson)
)

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TECHNOLOGY CENTER R3700

FOURTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

Dear Sir:

Enclosed is form PTO-1449 listing five (5) references that are not enclosed. Copies of these references were previously supplied and/or cited by the examiner in the parent applications. This Fourth Supplemental Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c)(2) before the mailing date of a final action and before the mailing of a Notice of Allowance. This Statement is accompanied by the fees set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 12-13-02

By: 

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12/19/2002 BABRAHA1 00000114 09698489

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PATENT

Case Docket No. FLEXFT.146CP2
Date: January 28, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Van L. Phillips)	I hereby certify that this correspondence and all
Appl. No.	:	09/698,489)	marked attachments are being deposited with the
Filed	:	October 26, 2000)	United States Postal Service as first class mail in
For	:	FOOT PROSTHESIS HAVING CUSHIONED ANKLE)	an envelope addressed to: United States Patent
Examiner	:	Suzette Jamie Jackson)	and Trademark Office, P.O. Box 2327,
Group Art Unit	:	3738)	Arlington, VA 22202, on

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1-28-03
(Date)
S. L. M.

Scott Loras Murray, Reg. No. P-53,360

TRANSMITTAL LETTER

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Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) A sixth Supplemental Information Disclosure Statement.
- (X) A PTO Form 1449 with two (2) references.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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